

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Rachel

2. Surname (Last Name)

Clark

3. Date

16-January-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Mark Frankle, MD

5. Manuscript Title

Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

 Yes No

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Are there any relevant conflicts of interest?

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### Section 4. Intellectual Property -- Patents & Copyrights

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 Yes No

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Dr. Clark has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |   |
|---|---|---|
| 1. Given Name (First Name)<br>Derek   | 2. Surname (Last Name)<br>Cuff                                      | 3. Date<br>16-January-2017                      |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Mark Frankle, MD |
| 5. Manuscript Title<br>Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report |   |   |
| 6. Manuscript Identifying Number (if you know it)   |   |   |

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Dr. Cuff has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Frankle

3. Date  
16-January-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| DJO Global                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

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|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| DJO Global     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dr. Frankle receives royalties and consulting fees from DJO Global |



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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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| Patent? | Pending?                 | Issued?                             | Licensed?                | Royalties?               | Licensee? | Comments   |
|---------|--------------------------|-------------------------------------|--------------------------|--------------------------|-----------|--|
| 6790234 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |           | designer of reverse shoulder arthroplasty system utilized in current investigation |

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Dr. Frankle reports grants and personal fees from DJO Global, during the conduct of the study; personal fees from DJO Global, outside the submitted work; In addition, Dr. Frankle has a patent 6790234 issued.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Derek

2. Surname (Last Name)  
Pupello

3. Date  
16-January-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mark Frankle, MD

5. Manuscript Title  
Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

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1. Given Name (First Name)  
Brandon

2. Surname (Last Name)  
Santoni

3. Date  
19-April-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Mark Frankle, MD

5. Manuscript Title  
Reverse shoulder arthroplasty for the treatment of rotator cuff deficiency: A concise follow-up, at a minimum of ten years, of a previous report

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JBJS-D-17-00175R1

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Santoni reports grants from DJO Global, during the conduct of the study; .

### Evaluation and Feedback

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